**Sample letter: requesting data for proper appeal per URAC**

Date:

Address:

RE:

Dear Ins. Company,

Recently you have denied care on my patient stating that “ *Quote review doctor here*”.

In order to fully prepare an appeal I request the following:

* Your Utilization Review Organization Registration from URAC
* A copy of the professional license for the clinical peer reviewer who has reviewed the above captioned case.
* Explicit clinical review criteria, scripts and operational review procedures used in the review.
* A telephone conversation within one business day, 24 hours, with your clinical peer reviewer to discuss the negative determination of the submitted claims.

It is my understanding that you are registered with URAC. Being registered with URAC obligates you to follow URAC’s guidelines when making decisions to deny treatment given to your insured. URAC guidelines state that your insured is entitled to a full and fair review and that the above information I required must be made available to myself so that I may prepare for a proper appeal. URAC also states that the phone call must be made within 24 hours or one business day after my request. Please provide the above information to me as soon as possible.

Sincerely,

Dr. Name here

CC to the patient

NOTE: send this letter certified mail for proof and keep receipt in patients file.